

## HCPC CODES ALLOWED FOR CHIROPRACTORS

PT	CODE	DESCRIPTION
85	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTERO
85	72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTERO
85	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL
85	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS
85	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VI
85	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDIN
85	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS
85	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS
85	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VI
85	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS
85	72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING S
85	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VI
85	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR
85	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLU
85	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS O
85	72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS
85	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW
85	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO
85	73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS
85	73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS
85	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS
85	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS
85	73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS
85	73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM
85	73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS
85	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROP
85	73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS
85	73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS
85	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VI
85	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY,
85	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY,
85	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY
85	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAM
85	76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN R
85	86293	HEPATITIS BE ANTIGEN (HBEAG)
85	95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE
85	95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EAC
85	95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EAC
85	95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EAC
85	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA
85	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA
85	95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS
85	97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD
85	97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, M
85	97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL
85	97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY
85	97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL
85	97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND,
85	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;
85	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;
85	97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;
85	97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;
85	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION,
85	97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC,
85	97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC,
85	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT
85	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY
85	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELET
85	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO T
85	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO
85	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REG
85	98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE
85	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN
85	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN

**PRIOR AUTHORIZATION REQUIRED FOR MORE THAN  
12 VISITS FOR EACH PROVIDER PER RECIPIENT**